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ABSTRACT

The third generation of educational research and policy analysis gives consideration to the nature of the policy instrument and the design and organizational context through which reform ideas and policy goals are translated into results. This paper presents findings of a study that examined the use of systems change as a policy instrument. It describes a school-linked, integrated-services effort referred to as Community-Based Collaboration for Families (CBCF), a countywide initiative in a middle-class, metropolitan, midwestern county. The study examined the problem as defined by the framers of the CBCF, the organizational contexts of the participating agencies, the policy instrument of systems change, and the implementation and effects of the initiative after 3 years. The study was conducted from 1993-96 in two low-socioeconomic-status neighborhoods in a midsized midwestern city. Data were obtained through observation; document review; and interviews with over 300 residents, 12 CBCF team members, and 14 oversight committee members. Findings show that the mix of decentralized responsibility with centralized authority created a two-tiered system on top of an already entrenched hierarchy, and divided loyalties between agencies and team members. Consensus on what systems change means is not enough to accomplish systems change. Further, transferring authority does not guarantee change. Support mechanisms that ensure a linkage between policy goals and policy outcomes are needed. The integrated-systems approach today places more emphasis on efficient coordination than on meeting the needs of children and families. (LMI)

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Meeting Children's Needs through Systems Change: Will an Alternative Policy Instrument Work for Integrated Services?

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Meeting Children's Needs through Systems Change:
Will an alternative policy instrument work for the integrated services model?

INTRODUCTION

If we look retrospectively over the past three decades of educational research and policy analysis, we can see that scholarly work in this area is demarcated into at least three distinct generations. The first generation, beginning with the passage of Elementary and Secondary Education Act of 1965, was characterized by a rational-actor mentality that assumed mandates and inducements would elicit compliance as a means for policy implementation and reform. The second generation, in the 1970s, began to recognize that schools and districts are not merely wax blocks on which to imprint policy initiatives. Rather, research revealed that successful implementation of policy initiatives is a matter of understanding local conditions and contexts and the variability therein. Taking cues from previous generations of policy implementation, the third generation of educational research and policy analysis gives consideration to the nature of the policy instrument and the design and organizational context through which reform ideas and policy goals are translated into results.[1]

In this paper, I examine the use of systems change as one of the policy instruments, which is considered to have currency in this third generation of policy implementation. To better understand the instrumentation of the policy goal of systems change, I use an example of a school-linked integrated services effort that was the vision of a top policy maker, a

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[1] McDonnell, L. & Elmore, R. (1987). "Getting the Job Done: Alternative Policy Instruments." Educational Evaluation and Policy Analysis, 9 (2): 133-152.

County Executive, in a middle class, metropolitan Midwestern county. The ambition of the County Executive was to integrate services at neighborhood levels, in an effort to decentralize central bureaucracies and coordinate a variety of children and family-centered agencies. I will refer to this county-wide initiative as Community-Based Collaboration for Families.[2] I begin by examining the problem as defined by the framers of Community-Based Collaboration for Families, the organizational contexts of the participating agencies, the policy instrument of systems change, and the implementation and effects of the initiative three years after implementation.

Background

The local policymakers behind this integrated services initiative articulated systems change as the vehicle for reaching the policy goals, namely to reduce bureaucratic and service duplication to children and families with "high needs;" to improve service delivery, access and efficiency to these clients; and, to coordinate the services and skills across disparate and fragmented service providers in an effort to "tighten the safety net" around high-risk children and families. While integrated services is considered promising as a response to disadvantaged children and families,[3] and is designed for efficiency through

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[2] Per an agreement with research participants to protect identity, a pseudonym is used here.

[3] An advocacy-oriented body of literature on integrated services sprang up in the early ps. Chief among them are Melaville, A. I. and Blank, M. J. (1989). Together We Can: A Guide for Crafting a Profamily System of Education and Human Services. Washington, D.C.: Education and Human Services Consortium; Gardner, S. L. (1992). "Key Issues in Developing School-Linked Services", in Berhman, R. E., Ed. School-Linked Services: The Future of Children. Los Altos, CA: The Center for the Future of Children: 85-94.

interorganizational coordination,[4] what remains elusive in the literature is an understanding of how the policy goals of improved systems, increased efficiency and decentralized service delivery will translate into action for children and families.

The Community-Based Collaborative for Families initiative (hereafter, CBCF) was conceptualized by top-level city and county policy makers with the idea of restructuring service delivery systems through the mechanism of "systems change." The systems included the school district, county human services, city public health and city police department. The collaborative design of CBCF is based on the premise that existing institutional or system arrangements are not adequate to produce necessary results. The systems, as they are currently organized - centralized and fragmented - are not serving high risk children and families well. By decentralizing the service delivery system, that is, by placing street-level bureaucrats or front-line service workers close to the source of the problem, the services theoretically will be more user-friendly, more accessible for clients, and in the long run, more efficient.

METHOD

Qualitative research methodology is ideally suited to examine interorganizational coordination between core participating agencies. The data utilized in this analysis is the result of a 3 year study conducted by a team of researchers from 1993 to 1996.[5] The context

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[4]Kirst, M. W. (1991). "Improving Children's Services: Overcoming barriers, creating new opportunities." Phi Delta Kappan 72 (8): 615-618.

[5] This paper is a small part of a larger study, "Community-Based Integrated Services: A Critical Ethnography," under the direction of Professor Colleen Capper. The Spender Foundation generously funded this research from 1993-1996.

of analysis included two low SES neighborhoods in a mid-sized Midwestern city. The analysis was done at two levels: a "street level" team of four CBCF service providers (a county social worker, a city police officer, a city public health nurse and a school representative - usually a school social worker) and the oversight level of the agency representatives (an Oversight Committee of 14 agency administrators from county human services, city police department, the school district, city of public health, and other voluntary agencies such as the United Way and a community foundation). Methods of data collection included intensive and extended observation of CBCF weekly meetings in the two neighborhoods, and monthly meetings of the Oversight Committee (lasting 2 hours in length on average, totaling over 200 hours). One-hour interviews were conducted with over 300 residents, and two rounds of interviews with the 12 CBCF team members and 14 Oversight Committee members. At any given time, a least 6 or 7 agency representatives attended either Oversight Committee meetings or neighborhood-level weekly meetings. The observational phase of data collection was conducted from fall, 1993 to spring, 1996. Interviews with policy makers and CBCF team members were conducted early in the implementation stage of CBCF (1993) and again at the end of the study period (fall, 1995 and spring, 1996). Interviews with child residents were conducted in the fall of 1994 and adults in the fall of 1995. Documents were also used as a form of data for this study. Documents included news clippings from two local daily newspapers, policy-level documents and memos, CBCF team memos and quarterly reports to the Oversight Committee, and neighborhood documents such as flyers and announcements.

Observational notes and interviews were transcribed and then reviewed and coded by

research team members. A coding schema (using codes such as "organizational change," "agency interaction") was developed based on overarching research themes of interagency collaboration and supporting and constraining attributes to collaboration. Categories were created based on codes, and data were sorted with the assistance of a computer software package.[6] The sorted categories (i.e., constraints, systems change) provided small "reports" of the cumulative (and dated) data from observations, documents and interviews, and were separated by neighborhood for cross-site comparison.

Data verification or 'recycling'[7] data back to study participants was conducted regularly with team members, and at a final stage in May, 1996 at a meeting with various policymakers, CBCF participants, and selected neighborhood residents.

POLICY ANALYSIS FRAMEWORK

Keeping in mind the policy goals, the nature of the participating organizations, and the policy instrument of systems change, I examine the implementation of integrated services as a method of reform in the interest of better meeting needs of children and families by asking: What kind of changes in authority are necessary to fully realize the benefits of systems change? And, what organizational factors and policy issues should be considered in choosing a policy instrument of systems change? These research questions looked less at the CBCF program in evaluative terms, and more specifically at organizational conditions associated with systems change - decentralization - in an interorganizational collaborative effort.

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[6] HYPERRESEARCH is a qualitative research tool that was used in this study.

[7] Lather, P. (1986). "Issues of validity in openly ideological research: Between a rock and a soft place." Interchange 17 (4): 63-84.

To begin this analysis, I rely on the definition of systems change provided by McDonnell and Elmore as the "broadening or narrowing of participating institutions which significantly changes the nature of the outcome through a transfer of authority among individuals and agencies".[8] Devolved authority, or decentralization, might include a redistribution of political power, a publicly-supported product or service, and/or the creation of a new class of agencies (or dissolution of agencies). One aim of systems change is to alter existing systems in light of criticisms that current public institutions are not producing desired results. The underlying assumption of the instrument of systems change is that shifts in authority will change the nature and efficiency of what is produced from public services.

The link between efficiency and use of authority dates back to organizational theorizing on centralization and decentralization from the 1970s. The theory being that local authority can find more equitable and efficient ways of allocating resources than centralized bureaucracy can, and decentralization allows for maximum organizational accountability (i.e., local community actions agencies during the War on Poverty).

The expected effect of systems change, or transfer of authority, is a change in the way systems deliver public goods and services. As a consequence, systems change may create another link or layer to the institutional arrangement, or it may dissolve a public service system through the uses of new authorities of pre-existing systems.

McDonnell and Elmore make the point that the choice of an appropriate policy instrument - be it mandates, inducements, capacity building or systems change - depends greatly on the assumptions about the problems and solutions. Once the assumptions are made

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[8] Op cit., p. 143.

clear, and the basic conditions of the problem are understood, the policy instrument should reflect the "fit" between problem and policy. Moreover, the policy instrument choice will determine the likelihood of successful implementation - depending on the organizational conditions. Systems change theory begins with the assumption that the existing institutions cannot produce results that policymakers want; and that altering the distribution of authority among institutions -by broadening or narrowing authority -will change the nature and efficiency of what is produced. By changing authority, this policy instrument sets the expectation that an appropriate and effective response to the failure of the existing institution will follow.

In this example, the stated intent of CBCF was to broaden authority to neighborhood front-line service providers (nurse, cop, social worker and school social worker), and to integrate previously fragmented and autonomous agencies as a way of reducing duplication of services. A broadly-disseminated document that outlined the activities of CBCF stated that CBCF team members' goals were to 1) ensure accessibility of needed services that are integrated and not duplicative, and to design services that are customer-focused and locally specific; 2) increase early intervention and prevention efforts by supporting positive changes in families, and encourage them to be pro-active problem solvers; 3) empower residents to create healthy communities; and, 4) developing ideas for broader systems change.[9]

In discussing a conceptual framework of the various policy instruments that policymakers might choose from, McDonnell and Elmore underscore the importance of

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[9] Unpublished "Backgrounder" document provided by the county Department of Human Services, 1992.

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specifying key relationships among a) the problem definition, b) the organizational context, c) implementation of the policy, and d) the effects. In the following section, I analyze the use of systems change as a policy instrument, and I analyze its application to integrated, school-linked services outlining each of these key relationships.

A. The Problem Definition

In 1988, the county in which this study was conducted elected a new County Executive who had formerly worked in human services and law. Based on his observations of how "notoriously bad" the human services system was in responding to children's issues, and how accessing services was made more difficult by centralized bureaucracy, the County Executive began to speak of decentralized service delivery systems. His strategy was to combine or centralize various county services (adult services, mental health and children, youth and family services) and, in effect, to streamline the agencies into one, but at the same time to decentralize the service delivery systems at the local level. "My feeling was that you have to have different delivery styles and strategies in different neighborhoods and communities." [Interview, July, 1996]. His strategies for doing this were to involve various agencies who shared similar clients (the school district, police department, human services and public health), and to use mechanisms of "common language, common geography, common rubric for service delivery, common thinking about responsiveness." [Interview, July, 1996].

> He further stated: When I am campaigning, I am listening. What I hear is that services are not specific enough, not culturally specific. One size doesn't fit all. Decentralization is happening now so services can be located in the communities. . .

so they have the potential of being culturally specific [Interview, July, 1994]

The director of human services was assigned to carry out the County Executive's vision by convening a joint planning meeting between the department of human services, the school district, and the United Way. From that initial meeting came the realization of what she referred to as "the no-person's land"- a service delivery gap in crisis intervention and prevention. In early discussions, agencies recognized the interrelated issues of poverty, single-headed households, alcohol and drug abuse, high mobility and general family disruption.

> We know our systems need to change. We want our systems to change based on the realities of peoples' lives, not out of administrative convenience. . . We knew that public health and the police were already out in the community. . . We know that the schools had to be involved. . . and that county social work presence [could] work earlier in the . . . continuum of dysfunction [Interview, June, 1993].

In 1991, serious strategy discussions were underway among policymakers from the city and the county, and top-level administrators from human services, the school district, public health and the police department. All agreed that the "problem" was inefficiency and ineffectiveness in service delivery and system services for the most "at risk" children and families. One strategy would be to integrate services, to "tighten" the safety net, using a collaborative mechanism at a local or site-based level.

A school district representative to the joint planning team put it this way:

> I think the city, the county and the school district, in particular, have always communicated with one another and worked with one another to a certain extent, but

> often would say, 'That's your job' or 'That's my job.' There was always that tension. And then I think it became clear that money was becoming tighter for all of us. At the same time, the buzz word became 'collaboration' nationally, so it seemed like a good idea to formalize the working relationships of the three public agencies that work with similar children and families. [Interview, July, 1993].

The result of two or three years of planning between the county, city and school district administrators manifested itself in the form of a neighborhood-based collaborative, Community-Based Collaboration for Families (CBCF). The design was to assemble neighborhood teams made of a county social worker, a county public health nurse, a city police officer, and a representative from the school, usually a school social worker. Two pilot teams began in two low SES, racial minority neighborhoods in 1992.

The sentiments and vision articulated by the County Executive and the participating agencies reflected a larger societal sentiment in many professional fields such as education, human services and law enforcement. Perhaps triggered by literature and public policy that suggested that the nation was increasingly "at risk" based on the poor conditions of children and their performances in education, or by the larger social policy context that was pursuing an agenda of collaboration and systems reform from the "bottom up," the county's changes were considered timely and were embraced by social policy advocates, public sector administrators, law makers and educators.

Or, perhaps the sentiment and vision for systems change through interagency collaboration were also a reflection of the nature of this particular locale. The county, and the city in which this study was conducted, is considered by many accounts a progressive,

human services-oriented, pro-family environment, with generous social policies and programs. It is a primarily an Anglo-dominated community, yet racial homogeneity is balanced moderately by a state university campus with a large population of foreign students at one end of the socio-economic continuum, and southeast Asians, African-Americans and Hispanics at the other end of the socio-economic continuum. The community has variously been dubbed as "The Promise Land" (by the Chicago Tribune), as "Mayberry RFD" (by an African-American aide to the Mayor), or as "The Land of Nod" as an African American administrator observed by stating that "everyone in this town seems to nod in agreement on everything."

Perhaps the sentiment for addressing the needs of high risk children and families was driven by an elected County Executive who was responding to an "alarmed" community which was witnessing "Mayberry RFD" change from a placid university town to a hub for social services recipients, ex-urban migrants from a neighboring major metropolitan area, and minority students who were pulling down test score averages. These alarms were pronounced in local media accounts, such as "Crime, Poverty Changing [this city]" (October, 1992),: "Grade-point tests show mixed results for black students" (November, 1992), "More Gang wars feared here" (December, 1993), "Lack of Jobs, School linked to violence" (March, 1994) "Minorities double in 10 years: whites fare better here" (March, 1994).

Statistics on health, education, crime and social well-being in this community are not alarming by state and national standards. Indeed, the community was recently rated as "America's most livable city"(Money magazine, 1996) and one of the top ten "best states" for its various attributes: for raising children (Children's Rights Council, 1996 and Zero

Population Growth, 1995), for recreation and quality of life (Outside magazine, 1995). The cost of living in this city is nearly 14 percent above the national average; the high school graduation rates for all races in the county is above 80 percent. However, for minority and impoverished children and families, these statistics look quite different.[10] In the county, between 1980 and 1990, the number of persons living below the poverty level rose from 9.3 percent to 10.5 percent; 19.6 percent of children were being raised in single parent households. In 1990, over 5,500 persons (from a total population of nearly 300,000) requested emergency shelter for homelessness, 35 percent being children. The number of all-race juvenile arrests in the city increased 18 percent from 1980 to 1994, the arrest rate for the county increased by 53.7 percent in the same period. Substantiated reports of abuse and neglect increased each year from 1992 until 1996. In the city school district, more than one in four students is a minority student. The K-12 system in this district, in general, is experiencing a rapid growth in population, most acutely felt in primary grades. This 'wave' of population increase is disproportionately represented by African-American students. Fourteen percent of the students in the school district are African-American (of the non-white population, 58 percent are African American). A disproportionate number of African-American students are represented in measures of educational underachievement, suspensions and drop outs. Of the district's 24, 266 students, 13 percent receive AFDC (of pre-schoolers, 9.3 percent receive AFCD). A report commissioned by a community foundation which was written to examine "the rapidly changing demographics and a growing gulf between haves

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[10] Statistics in this section are taken from Webster, D. & Mathews, M. (1995). "A Report to the Madison Community Foundation: Changing Demographics and the African-American Experience in Dane County."

and have nots in the local area" concluded that the county is "challenged by its youthfulness" (12.5 percent are school-aged).[11]

According to the founders and policy framers of the CBCF initiative, the choice of systems change as a policy instrument was driven by bureaucratic centralization and organizational inefficiency, based on a belief that what was currently in place did not work well for children and families with high needs. The instrument choice, according to McDonnell and Elmore, depends on the "fit" between the problem and the policy.

B. Organizational context

To discuss social organizations such as schools, social services, law enforcement and public health, the 'sectoralized' nature of these agencies must be taken into consideration and put into context to understand the difficulty of interagency collaboration. Scott and Meyer characterized education, welfare services, and medical care services as highly fragmented and 'federalized,' that is segmented by federal categorical funding constraints.[12] When these types of organizations work together, state Scott and Meyer, one can expect to encounter more complex interlevel and interorganizational structures at many, if not at all levels. From their analysis on the organization of societal sectors, Scott and Meyer claim: "The chief attribute of these sectors is their organizational multiplicity and variety, with agencies and programs piling up in ways that are sometimes supplementary, but more often duplicative or

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[11] Ibid., p. 36.

[12] Scott, R. & Meyer, J. (1991). "The Organization of Societal Sectors: Propositions and Early Evidence," in Powell, W. W. and DiMaggio, P. J., Eds (1991). The New Institutionalism in Organizational Analysis. Chicago: University of Chicago Press.

overlapping, and occasionally conflicting."[13]

Aldrich, in a synthesis on centralized and decentralized human service systems, defined centralization as "tight coupling and hierarchical control . . . used to negate the tendencies of organizations to pursue narrow sectarian interests."[14] More pointedly, Aldrich referred to centralization as "administrative overkill." On the other hand, points out Aldrich, centralization of authority is also considered an efficient way to direct the flow of resources, and to over-ride various organizational boundaries. Defining decentralization, Aldrich claimed "loose coupling is a more efficient means of allocating societal resources . . . and emphasize[s] increased adaptiveness and innovativeness."[15] A feature of decentralization, according to Aldrich, is that systems appear to work more toward client needs than system needs. On the other hand, decentralization must allow for a fair amount of chaos and disorder, and tolerate autonomy at the expense of system-wide solutions.

An organizational manifestation that would accommodate or more readily adjust to an integrated services model was determined by the County Executive to be decentralization. The organizational contexts in which the CBCF initiative is operating, and in which I analyze the data, is of particular note. Both the city government and county government agencies were key stakeholders in this initiative; the departments of public health and police were under the authority of the city, and human services was under the authority of the county.

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[13] Ibid, p. 134.

[14] Aldrich, H. (1981). "Centralization versus Decentralization in the Design of Human Delivery Systems: A Response to Gouldner's Lament." In Guskey, O. & Miller, G. A. (Eds.), The Sociology of Organizations. New York: The Free Press.

[15] Ibid, p. 383.

The two government agencies competed for credit in the local media on many occasions. Nonetheless, the County Executive viewed the police and the public health departments as "very accommodating agencies" by virtue of their past work in the communities. "Community policing" had long been implemented in the city by the former chief of police, and public health nurses are also located in communities and clinics as a matter of course - and not located in central offices or "downtown" headquarters. When asked about the participation of the city's departments of public health and police, the County Executive praised their cooperation: "They were very excited about CBCF. They said, 'Oh my god! We have reinforcement! We're not alone in this.' They saw the county human services as swooping in to take children away, which is what most people thought of the county. . . which, in fact, is what we were doing" [Interview, July, 1996].

The school district was also considered a key member of the initiative, but the allotment of power or authority to the district was symbolic and less politically driven. For example, the superintendent never attended a joint planning meeting - even though other agencies sent top-level administrators. When a new superintendent was hired midway through the two-year planning period, Oversight Committee members wondered aloud if the "new superintendent knew about the program at all." The school district representative assigned to the Oversight Committee was not a former building administrator or teacher but rather a health education specialist. As well, principals of the six participating schools were left out of the design and general communication "loop." When interviewed, principals generally began the interview with an apology for not knowing more about CBCF. One principal stated unequivocally, "I probably won't know very much."

However, from the County Executive's point of view, the schools were a "model" of decentralization, in that they were organized around school-attendance areas. In an interview, he stated,

> In some ways, we are adopting the schools' way of decentralizing. I mean, they don't really have to do decentralizing to be a part of CBCF. We [county human services] have to do most of the changing. So, I don't believe it is a big jump for schools to be involved in CBCF . . . in fact, now we assign human services case loads by school attendance areas [Interview, July, 1996].

Contrary to the County Executive's perspective on the schools, many participating agency representatives - including school personnel - believed that the schools were "dragged into this kicking and screaming" [Elementary school social worker, Field notes, February, 1994]. An aide to the city's mayor, who serves on the Oversight Committee, stated: "The school district is the last government entity to really get a grip on what's happening in the city, and to begin to address the needs of more low-income people, and in a bit more focused manner. But, they are beginning to catch up" [Interview, December, 1995]. A CBCF public health nurse observed that "schools haven't bought into this conceptually" [Interview notes, February, 1993]. In defense, the district representative on the Oversight Committee acknowledged some resistance: "It is hard to turn over our turf to other agencies. . .we are accountable to the community unlike any other participating agency. So, when we're held accountable for school success, it's hard to give up control" [Interview, November, 1995].

To one degree or another, all four participating agencies were decentralized or beginning to redirect services in a less centralized manner. However, the extent to which the

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schools were "buying in" to the decentralization design was not always clear. Neither the top level school administrators nor school building administrators were ever tightly involved in to the "inner circle" or oversight level of the CBCF initiative. When talking to school building principals, it was quite evident how little they were involved. However, the principal's commitment to and belief in the concept of CBCF was unwavering. Most administrators said they "can't imagine going back to the old way of operating." Yet, there's was a kind of blind faith in the "idea" of CBCF.

Middle school principal:

> I see JFF as an initiative to bring the school and the community closer together. I know that our school social workers are involved in it, and that it's an outreach thing where they are spending time in the community to get to know the community better, which in turn is suppose to enable us to know what we can do at school to help these kids. So that's my understanding of the entire purpose of JFF. I don't know much more than that [Interview, November, 1995].

High School Principal:

> I'm aware of it. I wish I had the day-to-day observations of the program, but with multiple demands on me and time constraints, I just can't. I maintain a link via my designees, which are the school social worker and support staff [Interview, December, 1995].

C. Implementation: Transferring Authority from the Top-down to the Bottom-Up

In a significant policy implementation study, the Rand Change Agent Study,[16]

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researchers noted that in a loosely-coupled or decentralized setting, autonomy allows practitioners to either ignore or modify reforms or innovations to fit into their isolated activities. These observations make an important connection between the nature of an organization and the likelihood for reform implementation, and it points to the importance of what policy instrument might serve most appropriately. In this case, decentralization, variously referred to by city, county and district reformers as systems change, was the organizational response to more efficiently and effectively meet children and family needs.

Various understandings of "systems change:" top down and bottom up reform

Early in the conceptualization of the CBCF initiative, there was significant consensus on the importance of systems change as it relates to the community-based collaborative. One county policy maker who was instrumental in the development of the initiative stated, "Teams should flag issues that are barriers so that at the next plateau we can work it back into systems, and change systems. The job of team members is to make systems aware of the barriers, not to take on the job of changing systems themselves" [Field notes, March, 1994]. A county human services supervisor confirmed her understanding of systems change: "Systems change has to come from all of us [meaning supervisors], not just the team members" [Field notes, March, 1994]. A school district representative concurred: "The responsibility to change is on the system, through the vehicle of CBCF in this instance. We

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[16] Berman, P. and McLaughlin, M. (1977). "Federal Programs Supporting Educational Change," in Factors Affecting Implementation and Continuation, vol. 7. Santa Monica, CA: Rand Corporation; and, McLaughlin, M. W. (1987). "Learning from Experience: Lessons from Policy Implementation." Educational Evaluation and Policy Analysis, 9(2): 171-178.

should not put the responsibility on CBCF, but rather back on the systems where it belongs. It is the job of the systems to remove barriers to collaboration and allow teams to do their jobs" [Field notes, May, 1994]. One of the neighborhood CBCF team members, a public health nurse, understood systems change in much simpler terms: "Being in the neighborhood is systems change" [Interview, June, 1993].

In the second year of the CBCF initiative, a coordinator was hired to work with CBCF teams and with the Oversight Committee. His role was to direct communication between the agencies and the neighborhood teams, as well as to take direction from the "top down" and the "bottom up" as a means of translating for systems change. As he understood it, systems change was about assessing needs locally, and changing systems to respond accordingly:

> Now we're starting to move on systems change to a certain extent: figuring out how we integrate CBCF teams better into our agencies' ongoing functions. . . A lot of CBCF principles are really related to TQM [Total Quality Management] principles. A lot of that is related to having decentralized service delivery that is based on local needs where local people have input int terms of, you know, what those services are and making them more customer-focused and accessible. We're trying to move this agenda internally [Interview, December].

The CBCF initiative had a simultaneous "top down" and "bottom up" reform design. City and county policymakers and top-level administrators were communicating with front-line service workers - CBCF team members - wether directly or through the CBCF coordinator. By design, middle management - including school principals - were essentially left out of the "loop." According to the former human services director:

> 'Top level' commitment was to overcome the inertia of the middle management of these big organizations. . .so that you have the top level 'getting it' and being very aggressive and involved . . . and the bottom [read: front-line service providers] pushing up in terms of 'here's our experience, listen to us.' The middle layer is impermeable . . . you have to work around the middle management. We knew that if we started at the middle level we would never get anywhere [Interview, December, 1995].

The County Executive, in a separate interview, concurred:

> I think the hardest sell in some ways are people that are up and down different levels of authority where they have to change how they do their management job. . . they are not used to thinking in these terms."

While the "middle" layer had been circumvented by design, in effect, a new layer of authority had been established in the form of the Oversight Committee. Teams, however, still did not possess their own authority. Individual team members were at once and the same time individually responsible to their agency's authority, and collectively responsible to the Oversight Committee's authority. The Overisght Committee became another layer of "middle management."

In a discussion with CBCF team members on team roles and responsibilities, a supervisor from the city's office on children, youth and families questioned the wisdom of team members as they asserted their understanding of the initiative, and their belief that one of the goals of the initiative was to make decisions as a team based on what they perceive to be the needs of the neighborhoods. City supervisor:

> You're collaborating out there with structures that I am responsible for. You're not just dealing the indigenous [read: residents]. That's what I'm trying to get across." She said that the people the teams support in the neighborhoods are the same people that she deals with on a "professional" level. She stated that she felt the approaches were somehow "out of sync," as if the teams were saying, doing and acting on one authority, and her office from the city was acting on another. [Oversight Committee notes, November, 1994].

A neighborhood team member responded in defense of what she believed she understood her role to be: "To the degree that we become your (Oversight Committee) point people, we become the power." [Oversight Committee notes, August, 1994].

Various understandings of "bottom up" reform: limited budget authority

Thematic data that emerged from the interviews conducted in the fall of 1995 with over 130 adult neighborhood residents indicated that the three most commonly cited service needs in the neighborhoods were transportation, employment and child care (lack of child care and transportation being entangled with employment).[17]

The neighborhoods in which CBCF is located are segregated economically, and by association, racially. The subsidized housing units are clustered tightly within isolated quadrants of this otherwise middle-class city. These particular neighborhoods were designed in the 1960s as commuter residences for working families - the design of which assumed a reliance on a personal automobiles. There are no grocery stores, laundry mats, churches,

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[17] From the 300 interviews conducted in the neighborhoods, an unpublished summary report on the residents' services needs was distributed to CBCF teams and policy makers. (Smithmier, Bell, Ropers-Huilman, 1996).

clinics or schools, other than one elementary school, within walking distance of these neighborhoods. Most of the residents in the two CBCF neighborhoods do not own automobiles. Understandably, transportation is the singular most important issue for residents, and it is an issue that keeps children and families from being self-reliant.

Early in the development of CBCF, team members requested from the county a supply of free bus vouchers as a way to provide access to needed clinical services, the courts, shopping and employment. In interviews and from observation at team meetings, CBCF team members stated clearly that the bus vouchers were the most effective means of getting residents to access services on their own initiative. It was also the most common - and least intrusive - form of contact that the team members had with the residents. A school social worker stated: "Transportation is a big issues in these communities. Bus tickets provide an 'in' for us and they provide service and a connection to the community" [Field notes, May, 1995]. Of the hundreds of residents who stopped into the CBCF office annually, the primary purpose for (and initial) contact was for bus vouchers. The social worker and neighborhood support specialist reported that this contact frequently revealed other information, such as when new neighborhood residents moved in or out, how many school-aged children were in the home, what types of services residents were regularly accessing via the bus system.

The supervisor at county human services reported to CBCF teams that the bus vouchers that the teams were allowed to distribute were amounting to $10,000 annually. Alarmed by this sizeable figure, the supervisor realized that a line item in the budget did not account for bus vouchers, even though the Oversight Committee had agreed to the stipend. Rather than assess the qualitative value of the $10,000 expenditure, the supervisor eliminated

the voucher program altogether. Reporting to his team, a CBCF social worker said that his supervisor "yelled" at him and told him how "irresponsible" the bus expense was. "It still pisses me off. This doesn't feel like collaboration." He then added:

> Regular [non-CBCF] social workers can hand out bus tickets like rain. It makes CBCF social workers second class citizens. And it doesn't allow the people in the community to have access to services just because they're not [traditionally-labeled] 'clients'" [Field notes, May, 1995].

Another team member, the public health nurse, added: "They are treating us like Kindergartners. Someone should have just asked us what we're doing and why."

The decision made by the supervisor on eliminating the bus vouchers was based on previous bureaucratic traditions of making the budget match the programs rather than allowing local needs and variability determine the nature of the budget. The fact that the bus vouchers were an effective stop-gap measure in meeting resident needs, as well as an effective tool for CBCF outreach, was not considered in the decision to eliminate the program. The other CBCF social worker announced, with exasperation, the end of the voucher program to her team. She reminded the team that the former practice of the county was to provide taxi-cab fare. She conservatively estimated that the cab fare expense outweighed the bus voucher program by 10 to 1 (a $10.00 taxi fare versus a $1.00 bus voucher). She added, under her breath, that taking away the bus voucher program "did little to empower residents to be self-reliant" [Field notes, May, 1995].

Various understandings of "bottom up" reform: limited authority in hiring decisions

After two years of working in the neighborhoods, and establishing a collaborative

pattern of practice that responded to neighborhood service needs, one of the CBCF teams recognized that an additional part-time county social worker was needed in their neighborhood. The original allocation of staff for the neighborhoods was to place a full-time county social worker, a part-time city nurse and full-time neighborhood police officer in each neighborhood with a part-time school social worker from each school (elementary, middle and high school). The model was set up to be driven by social work practices, and to place the social worker as the team leader.

In an appeal to the Oversight Committee during the second year of the initiative, the CBCF team members, over the course of many months, requested that another part-time position be allocated to the teams for more social work support. The Oversight Committee countered the teams' request by suggesting to the teams that an allocation for a school representative was their preference. The Oversight Committee believed that more school personnel presence was needed in the neighborhoods. The teams argued that if, instead, the Oversight Committee members would pool their resources and make a decision based on need rather than on available funding sources, that they could better meet the early intervention and prevention issues in the neighborhoods. The Oversight Committee argued back to the teams that they believed that there needed to be more school involvement, and as a collective, the Oversight Committee pressured the school district to hire a part-time school social worker. The compromise was that the school social worker would be community based. The district informed the school principals at this time that they would have the authority to determine how to use the new school social worker - giving principals the only role that they had been asked to play with regard to this collaboration [Oversight Committee meeting, February,

1994]. One principal stated unequivocally in an interview that she did not want the social worker "spending all of his or her time in the community" [Field notes, February, 1994].

In an interview, the elementary school social worker stated that she had learned from a former CBCF school social worker that he had not spent enough time in the schools, that he was too often in the neighborhood, and it "ticked off" the administrator. [Field notes, March, 1995]. In response to the new appointment, and the thwarted effort of the team members to get a county social worker, an elementary school social worker commented: "People just don't get it. They (Oversight Committee) created the whole monster [of relocating services to neighborhoods], and now they're pulling the strings. It pisses me off" [Field notes, March, 1995].

CBCF team members were unclear about the new school social worker's role or place on the team which already had three school social workers attending regularly. The community nurse stated, "I don't think we have found out yet what the community wants from the school. . .and yet we have a new position to work with." Equally confused about her role and place was the newly appointed school team member. When the new school social worker went to the school district to discuss her role, she was told by the representative on the Oversight Committee to simply "do rounds" at all three schools (elementary, middle and high school), and to not spend too much time in the community. In response to this report, the elementary school social worker "that would make you an itinerant social worker and not a community-based social worker" [Field notes, January, 1995].

The Oversight Committee representative from the school district recommended that the three other school social workers stop attending weekly meetings and family conferences, for

that was inefficient. Rather, school-based social workers were told to work all of their issues through the community-based worker. The middle school social worker voiced her concern with this arrangement to the new social worker: "Finding you may take more time than doing what I could do myself" [Field notes, June, 1995]. In response to the decision-making process of the Oversight Committee, the elementary school social worker stated: "They (Oversight Committee) are going back to their non-collaborative ways, but still waving the collaborative flag" [Field notes, November, 1995].

Relying on a familiar bureaucratic design, another layer of control had inadvertently been created by the Oversight Committee members in which the school social workers were asked to channel their information and issues through the new part-time community-based social worker. The lessons of systems change - or decentralized authority -had been lost in this new layer of control.

D. Effects

The effects of this particular reform initiative in which the implementation of the policy was shifted to the front-line service providers, and in which the middle management was intentionally circumvented are three-fold: 1) Inadvertantly, new layers of control and authority were created in the form of an Oversight Committee and even secondary levels of control, such as the additional community-based school social worker; 2) the CBCF teams were charged with a variety of responsibilities including meeting resident needs in a "culturally specific" manner, collaborating across systems, and informing systems change from the bottom up. While the teams were given a great deal of responsibility, little of the authority accompanied the charge; and, 3) the task of changing systems from the bottom up

requires authority, but more authority required increased capacity to effect change.

1. New layers of control

At an Oversight Committee meeting in the third year, the director of county human services, the lead agency, told the neighborhood team members that the Committee would "prioritize the concerns" that the teams brought to the table from the neighborhoods. In their capacity as the authority, the Oversight Committee determined what was a priority in the neighborhoods, rather than allowing the CBCF team professionals the authority to determine priorities. This assertion established an additional layer of control that CBCF teams were required to report to. Team members understood their role differently; in this decentralized design, they understood their role as allowing the residents to prioritize concerns. A community nurse on one of the CBCF teams stated in a team meeting, "Granted, our voices lack a lot of power . . . but it goes against our whole team philosophy to not ask residents for input [Field notes, March, 1995]. A CBCF county social worker stated what she believed to be her role: "I am the residents' employee as well as the employee of human services. What counts is that the residents are in charge of this. We're not here to do anything other than what residents want us to do" [Field notes, July, 1994]. In response to a question about communication between the teams and the Oversight Committee, a neighborhood team member sighed and offered this remark: "We have kind of floundered because the Oversight Committee is too big to deal with all these issues." [Field notes, April, 1994]. Ironically, this comment is not too different than comments that led to the reform initiative in the first place: large, lumbering bureaucracies are overly administered creating barriers and additional layers that impede meeting the needs of children and families.

The design of systems change through transfer of authority implies that local authorities know better the needs of service recipients. However, to deny authority to those who are in place - or to develop new layers to a multi-layered system, such as the new position of the community-based social worker - violates the fundamental principle of this particular policy instrument. By design, reform framers envisioned a less bureaucratic system in which decentralized neighborhood teams were responsible for implementing the school-linked, integrated services model of CBCF, and in which an Oversight Committee would guide their practice. In theory, the barriers of bureaucratic systems were to be circumvented by replacing the middle level authorities with an integrated committee of agency representatives. Unfortunately, removing system barriers was never fully realized, and instead, a new layer of control, in the form of the Oversight Committee, was superimposed on an already multi-layered set of systems.

2. Responsibility with limited authority

The CBCF teams were charged with a variety of responsibilities including meeting resident needs in a "culturally specific" manner, learning each others' various systems through interagency collaboration, and informing systems change from the bottom up. While the teams were given a great deal of responsibility, little of the authority accompanied the charge.

At the same time, supervisory authority within the agencies - the middle layer - had not been altered. Individually, team members were expected to report to system supervisors, and collectively, team members were expected to report to the Oversight Committee. A middle school social worker pined aloud at a neighborhood team meeting, stating: "I wish the 'higher ups' had the same values and ideologies of our teams as they expect us to have with

the residents" [Field notes, March, 1995].

An example in which team members' "values and ideologies" were not reflected in the Oversight Committee was in cross-agency collaboration among agency heads and top administrators. While the teams had established mechanisms for regular communication and interagency collaboration, the Oversight Committee met on a monthly basis originally, and later only bimonthly. No mechanism for on-going collaboration had been established among Oversight Committee members. Eventually, the lack of communication among Oversight Committee members served as an impediment for CBCF team members. Decisions that were made by one agency were not always communicated to other agencies. For example, a CBCF social worker reported to the his team that his supervisor said the team would be moved to a new location. The other team members said that they were certain that their supervisors were not aware of the relocation. To confirm their observations, interview transcripts reveal that other Oversight Committee members were not availed of this change in venue [Field notes, January, 1994 through April, 1995]. In another example, Oversight Committee members were unaware for several months that one of the lead CBCF team members had departed. It was not until neighborhood team members informed the Committee through repeated letters requesting their action to replace him that they took notice of his leave [Field notes, March, 1995].

3. A matter of trust and capacity to inform systems change

The director of the Department of Human Services stated at an Oversight Committee meeting that she envisioned teams working at two levels:

One level is that the teams work in neighborhoods to collaborate across systems and

> fill service gaps, and a second level is to work to show systems the way they should change to accommodate improved services. This second level is meant to flag issues and ask questions of the systems, such as 'Do you realize your system is counterproductive?' The problem is getting all of the counter productivity issues on paper, and the problem is also about trust. I am willing to do that [hear about counter productivity]."

In response to this administrator's call for "trust,'" a United Way member of the Committee offered this perspective on behalf of the teams: "It is difficult for CBCF team members to separate themselves from the systems they represent." This was less a statement about agency loyalty, and more of a coded statement about trust, namely "why would team members take a risk of pointing out the failings of their agency?" And, "what is there by way of support for the team members to allow trust?"

In order to change system, according to McDonnell and Elmore, a few questions about capacity and support would need to be considered.[18] Aside from trust, what was also not established for CBCF team members as part of the charge to inform systems change was the professional and organizational capacity to effect change. A school team member stated in an interview that "Our principals and our schools don't have the skills to collaborate or to go through systems change" [Interview notes, February, 1995]. A public health nurse issued an optimistic message to her fellow team members by summarizing the work done by the teams: "I feel we're doing well in our individual efforts. Even if our systems aren't following along." [Field notes, November, 1995]. When team members were asked what support would

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[18] McDonnell and Elmore (1987), p. 140.

be necessary to guide systems change, members gave suggestions as simple as: "If they really want to know what happens in the neighborhoods, they would come to our meetings - and not just for 'photo ops' and political purposes" [Field notes, March , 1994]. The confusion faced by the new community-based social worker is an example of receiving mixed messages about authority and capacity - her own and that of the teams: "I need help in talking about what we're doing out here. I need help doing that - where am I going to get it?" [Field notes, March, 1995].

Furthermore, even if the capacity to effect change was built into the training and professional preparation of neighborhood-based service team members, the promise of changing systems remains an elusive goal. Changing systems that are dependent on fragmented funding streams, entrenched routines and procedures and civil service staffing patterns is a very tall order - at any level. To the question about whether the school district has made any changes to its system as a result of CBCF, the Oversight Committee school representative stated:

> I don't think institutionally we have. I think we are making some changes on how we might do things. . . We're changing institutionally to the extent that we are thinking about how we serve all the kids across the district on this continuum. Is that a result of CBCF? No. Right now, CBCF is just another alternative model. We are only one player in the community [Interview, December, 1995].

Another lesson is that capacity-building as a policy instrument might be used in combination with systems change, and not distinct from it. Capacity building calls for short-term investments in professionals to enhance skills and competence with a long-term benefit

of future productivity. Systems change can fail due to lack of capacity in the organization. It introduces problems of how to control -or how closely to control, and how to meet performance expectations or outcomes.

Support and additional capacity for aiding CBCF teams to inform systems change from the "bottom up" is a systemic concern - and certainly is not the responsibility of team members alone. Systems change efforts might be informed from the "bottom up," but implementation of change is the responsibility for all involved, particularly those who maintain control and authority in the staffing and budgeting of government-supported agencies. Additionally, the effort toward systems change is aided if simple starting premises are equally shared and mutually understood. To inform systems change for the team members meant hearing out the needs of the residents - the recipients of services. This mechanism was not always mutually understood among Committee members and agency supervisors. As well, systems change stands a better chance of being realized if all parties involved have a shared understanding of the expectations and outcomes. This was perhaps most evident when a representative from a funding agency stated in the third year of CBCF what seemed to be lost to the obvious: "I guess we need to define systems change" [Field notes, May, 1996].

SUMMARY

What kind of changes in authority are necessary to fully realize the benefits of systems change? Subsequently, how would one know if authority (as devolved through systems change) is appropriate and effective? Did the problem "fit" the policy? Was systems change a good policy instrument choice for this initiative?

Consensus on what systems change means is not enough to support what it takes to accomplish systems change. Further, transferring authority, as a form of systems change, sets conditions for a change or a response, but it does not guarantee it. What is required to support systems changing rhetoric with systemic reality are necessary support mechanisms that ensure a linkage between policy goal and policy outcome. Relinquishing authority to front-line workers requires considerable trust, but the trust can only be reinforced when those charged with implementing the policy are provided capacity-building and resources.

The capacity of the four participating agencies in this study was variable; some agencies were more capable and organizationally prepared to undergo systems change than others. Variability, however, works well with the concept of decentralization, organizational theorists have suggested. Individual agencies should be expected to accommodate and modify in ways that are suitable for their organization. As long as the same goal is kept in mind, it should not matter how agencies choose to get there. When teams are "collaborating out there with structures that I am responsible for," then supporting those who are charged with informing change are, by design, a most important player - not a player to be left to "flounder" or a player whoe fears that staff and stipends are going to be cut out from beneath them.

RETROSPECTIVE LITERATURE, PROSPECT FOR REFORM

As a result of the extensive social programs that arose from the policies of the Great Society in the 1960s, public policy analysts have learned a great deal about the difficulty of getting semi-autonomous governmental units to cooperate on a shared policy, and about the problems involved in coordinating efforts of independent units operating across different

policy arenas.[19] The difficulty is two fold: first, the work of agencies are often times duplicative or overlapping, and in some ways competitive (i.e., for resources, etc); and second, the federalist orientation of the U.S. government traditionally supports independent roles for state and local bodies.[20] The idea of getting multiple and semi-autonomous agencies to cooperate in implementing a common policy has always proven quite challenging. Since the 1960s and 1970s, there have been extensive efforts to develop centralized coordinating strategies and mechanisms to bring coherence among and between the various agencies and programs and service efforts.[21]

The 1970s marked the beginning of an understanding, as a result of public policy analysis, about the intense differentiation and sectoralization functions and subsystems within governmental units. Analysts repeatedly found that public agency subunits were weakly linked between and among agencies.[22] One manifestation of the weak organizational linkages was the lack of coordination between and among agencies, making access and availability of appropriate services difficult for the clients. The sheer number and variety of agencies created complexity and confusion on the part of both the service providers and recipients.

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[19] Scott and Meyer, 1991.

[20] Cibulka, J. (1996). "The reform and survival of American public schools: an institutional perspective." In Crowson, R. L., Boyd, W. L. & Mawhinney, H. B. (Eds.), The Politics of Education and the New Institutionalism: Reinventing the American School: 7-22.

[21] Rogers, & Whetten, (1981). Interorganizational Coordination: Theory, Research and Implementation. Ames, IA: Iowa State University Press.

[22] Scott and Meyer, 1983.

Does this suggest that more centralization is better? By definition, interorganizational coordination through systems change is a mix of decentralized and centralized authority, according to Aldrich.[23] As such, we might be reaching a new era in which interorganizational coordination is more than collaboration. It may call upon a better understanding of capacity for blending aspects of decentralization and centralization - simultaneously allowing for loose and tight control. This new era might suggest that we ask ourselves about what we want. Better outcomes, no matter the route, is what is expected. In this example, it appears that the CBCF teams accomplished a great deal despite the tight control of their supervisors and the Oversight Committee. However, could have excelled if more supports in the form of capacity-building and resources were in place, and if fewer middle-level impediments were in place, is a matter untested.

Interorganizational coordination or integrated services seems to waver between the tight and loose authority of organizational control. This odd mix of decentralized responsibility, but centralized authority in collaborative initiatives such as this one creates a two-tiered system on top of an already tightly formed hierarchy. It divides loyalties between agencies and collaboration team members; and it introduces yet more layers of control.

Considering retrospectively what Warren[24] wrote about in the early 1970s, the idea of vertical and horizontal authority as an imperative for understanding interorganizational coordination stills seems to hold true with regard to the current notion of integrated systems.

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[23] Aldrich, H., 1981.

[24] Warren, R. (1973). "Comprehensive Planning and Coordination: Some Functional Aspects," Social Problems, 20: 355-364.

The difference between the integrated systems approach today is that more emphasis is placed on the work and coordination of systems - and the efficiency therein - than on the programs and desired outcomes themselves, namely meeting the needs of children and families.